PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
11 56101
U1217- 1019/115

Effective January 1, 2003									4151	1 =	001	1(11)	
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
(Column 1) (Column 2)								TYPE			SMALL	ENTITY	
TOTAL CLAIMS			25				F	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		* 5		>	(\$ 9=	45	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		* 0			X42=	_	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+	140=	/	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							T	OTAL	420	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 2) (Column 3)							S	MALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=		
AME	Independent	ndent		L	CL AINA	= -	7	(42=		OR	X84=		
THE SENTENCE OF WIDE IT EL DET ENDENT CLAIM								140=		OR	+280=		
							ADE	TOTAL DIT. FEE		OP	TOTAL ADDIT, FEE		
		(Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM! PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	T,	<42=			X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
							+	140=		OR	+280=		
							ADD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)									-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF MI	Minus	*** PENDENT	* CLAIM	=	×	(42=		OR	X84=		
<u></u>	or , neoc	ATATOR OF W	OLIN LL DEI	CIADEINI	CLANIVI		+	140=		OR	+280=		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										TOTAL		

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDIT. FEE

FORM PTO-875 (Rev. 12/02)